Unearthing the Buried City

The Janet Translation Project

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This document is part of *Unearthing the Buried City: The Janet Translation Project*, a series of AI-assisted English translations of Pierre Janet's works.

In his seminal 1970 book: *The Discovery of the Unconscious: The History and Evolution of Dynamic Psychiatry*, Henri Ellenberger wrote:

> *Thus, Janet's work can be compared to a vast city buried beneath ashes, like Pompeii. The fate of any buried city is uncertain. It may remain buried forever. It may remain concealed while being plundered by marauders. But it may also perhaps be unearthed some day and brought back to life* (p. 409).

This project takes Ellenberger's metaphor seriously — and literally. The goal of this work is to unearth the buried city of Janet's writings and make them accessible to the English-speaking world, where much of his legacy remains obscured or misunderstood.

Pierre Janet was a pioneer of dynamic psychology, psychopathology, hypnosis, and dissociation. His influence on Freud, Jung, and the broader psychotherapeutic tradition is profound, yet the bulk of his original writings remain untranslated or scattered in partial form. These AI-assisted translations aim to fill that gap — provisionally — by making Janet's works readable and searchable in English for the first time.

This is not an academic translation, nor does it claim to replace one. It is a faithful, literal rendering produced with the aid of AI language tools such as Chat GPT and DeepL and lightly edited for clarity. Its purpose is preservation, accessibility, and revival. By bringing these texts to light, I hope to:

- Preserve Janet's contributions in a readable English form
- Spark renewed interest among scholars, clinicians, and students
- Inspire human translators to produce definitive, academically rigorous editions

The Intermediate Phases of Hypnotism[1]

Pierre Janet

Hypnotic sleep presents such a complex set of physical and moral phenomena that it has been necessary to break it down into several parts or periods. This was done starting in 1878 by Mr. Charcot and by other observers who, following his example, admitted in hypnotism the three phases of *catalepsy*, *lethargy*, and *somnambulism*. This division is still highly contested today, particularly by the experimenters in Nancy who do not wish to admit in sleep anything other than different degrees of depth and not distinct phases. One cannot resolve this question except by collecting, in large numbers, precise descriptions of hypnotic sleep from different persons who cannot influence each other or imitate each other. This is why the description of sleep experienced by a young girl observed with great care seemed interesting to us. She is, moreover, a person, Mme B., in whom I have already observed very singular phenomena which were communicated to the Société de psychologie physiologique.[2] The attentive study of the periods of her sleep is only all the more important.

I

The hypnotic sleep of Mme B., when I had the opportunity to observe her for the first time, appeared in a form that I have tried to describe elsewhere.[3]

I recall here the principal features of this description, for it shows the characteristics of the sleep as they were five months ago, at the beginning of these experiments.

Sleep was easily obtained by lightly pressing the subject's hand, and especially their thumb, for two or three minutes; it appeared divided into two phases that alternated indefinitely, that is to say, while obviously remaining the same, it presented itself in two different forms: at times it was very deep and characterized by insensibility, immobility, and complete muscular resolution; at other times it seemed to metamorphose into a state of particular excitation, in which movement, sensitivity, and intelligence were restored to the subject. While awaiting greater precision, we can, for now, designate these two periods by the words *sleep* and *somnambulism*.

To designate and study these two states more clearly, it was necessary to compare them with the phases of hypnotism already observed by M. Charcot at the Salpêtrière, and of which we have found the description in the book by M. Paul Richer on *L'Hystéro-épilepsie* (2nd ed., 1885). It was easy to see then that none of the states of Mme B.'s sleep represented the *catalepsy* of those authors,

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[1] Janet, Pierre. "Les phases intermédiaires de l'hypnotisme," *Revue Scientifique* (Revue Rose), 3e série, ii (= vol. 23) (May 8, 1886), pp. 557-587.

[2] *Revue philosophique*, February 1886. Meeting of November 30, 1885.

[3] *Note sur quelques phénomènes de somnambulisme présentée à la Société de psychologie physiologique* (*Revue philosophique*, February 1, 1886).

where the limbs remain for an instant in the position in which they were placed. The contractures, which the magnetizer alone could produce during sleep by pressing the joints, perhaps gave cataleptoid attitudes.[4] But these contractures were particular to one limb; they gave it great stiffness and had to be broken in order for the arm to change position: these features distinguished them from true catalepsy. The insensibility, immobility, and muscular resolution of the sleep state more closely resembled the phase of *lethargy*; but the subject in this state did not present the *neuro-muscular hyperexcitability* characteristic of lethargy. A sudden shock to the tendons of the wrist produced no effect, the hand remained limp, only the percussion of the patellar tendon brought about a movement of the foot; but this contraction reflex was absolutely normal and did not degenerate into contracture; thus there was not, in Mme B.'s sleep, any true *lethargy*.

There remained the state of *somnambulism*, taking this word here in the special sense given to it at the Salpêtrière. This state is characterized by contractures of a particular kind: "they are no longer produced by a deep excitation affecting the muscles, tendons, or nerves, but by a superficial excitation not reaching deeper than the surface of the skin at the time insensitive."[5] It was not difficult to establish that it was precisely to this latter state that the two phases observed in Mme B. referred. In effect, she presents in the highest degree, during the two phases of her hypnotism, these superficial contractures proper to the somnambulistic state. We had not sufficiently noticed it previously, because the compressions we applied to the muscles were always too deep, while it suffices to make a fold in the skin and lightly touch the end of the fold to contract the underlying muscles. The contracture disappears with a few light passes made at the same spot or more often at another spot on the arm. This contracture is, moreover, localized; often, after having invaded the right arm, it transfers to the left arm and disappears from that side if passes are made on it. At times, the contracture did not occur unless both arms were touched, but disappeared from one. At other times, to eliminate it, it was necessary to perform passes on the first arm, which had not been touched. A single person, M. M., produced this peculiar effect, but in others the passes produced the usual contracture. One sees that phenomena of *electivity* were at play here, and it is probably through such an action, combined with excitation of the skin, that one can explain the contractures produced by the magnetizer when he pressed a joint. But this electivity, as well as the poor localization of the contracture, are facts entirely proper to the somnambulistic state[6], and they confirmed our initial conclusion, which is that the two states observed during the sleep of Mme B. were, despite their apparent difference, two forms of the state of *somnambulism*.

II

If the other states of catalepsy and lethargy did not exist during the hypnotic sleep of Mme B., could one not attempt to produce them? These states only

[4] Paul Richer, *Hystéro-épilepsie*, p. 604, 622.
[5] Paul Richer, *op. cit.*, p. 618.
[6] Paul Richer, *op. cit.*, p. 620.

develop under certain conditions that were not naturally realized; thus true catalepsy only appears when the subject's eyes are open, and during the two phases of sleep, the eyes of Mme B. remained closed unless she opened them spontaneously. In opening the eyes myself, I was not creating an entirely new state—that is to say, I was not modifying it by the state of all the muscles and all the senses—but I was only placing the subject in conditions where a new state could develop. I opened the subject's eyes during the first state, that of sleep; as soon as this experiment was made, the body immediately stiffened in a general contracture so intense that I was frightened and tried to close her eyelids. Her eyes closed by themselves, and by lightly stroking the hand on her forehead, I made the contracture disappear as I always did; the subject then returned to the same sleep state as before. Moreover, that day, every attempt to make her change state had the same result: blowing on the eyes, rubbing the crown of the head, compressing the eyeballs—everything produced a general contracture that was more or less intense. This experiment was resumed the next day: at first, opening the eyes during the sleep state brought about the same contracture as the day before, but less intense. When the eyes were kept open for a few moments, after about a minute, the contracture ceased on its own, the limbs became free and easy to move again; but once moved and left to themselves, they remained immobile in the new position where they had been placed; in a word, the state of *catalepsy* was obtained, and it even persisted when I released the eyelids, which did not close again.

This observation seems interesting to me for the study of hypnotic states. The existence of these states as described by the school of M. Charcot is much debated today, and some have even tried to assign them an entirely artificial origin. "There is nothing there," it is said, "but attitudes taught to the subject by the experimenter himself." Well then, here is a woman who until now had only been put to sleep for somnambulistic consultations and never for scientific research, who could not have learned from anyone the characteristics of catalepsy and who does not know the Salpêtrière, and yet, in the second experiment, and probably in the first if I had insisted enough, she presents all the cataleptic phenomena that I have personally come to know:

(1) the body is immobile and insensible;

(2) the limbs remain in position for a long time without stiffness;

(3) movements once started continue indefinitely;

(4) the facial expression arranges itself marvelously in harmony with the direction of the movement executed by the limbs;

(5) suggestions can be made by touch, as is true for the muscular sense and imitated movements—for example, when movements executed in front of the subject in a mirror are repeated;

(6) the subject hears speech; she repeats it, but more slowly and with a kind of monotony, that is, she repeats the words she hears, but without understanding them or responding appropriately;

(7) finally, one can determine a direction by the sense of touch; if one puts an object in her hand or rubs her hand with a brush, for example, she slowly brings the object to her mouth and brushes her teeth endlessly.

All these cataleptic state phenomena have already been described in the work of M. Richer, and I very quickly and very clearly observed their presence in Mme B. However, it must be acknowledged that two other phenomena presented by the same subject in this state do not confirm the description I refer to:

(1) when one strikes the tendons, one does not produce at all the paralysis of the corresponding muscle[7]; on the contrary, it would seem rather that the energetic shock on a tendon provokes a kind of very persistent contraction of the corresponding muscle;

(2) the contractures produced by superficial frictions, which are described as absolutely proper to the somnambulistic state, reappear with the greatest clarity in this cataleptic state, though clearly defined.

Such is the description of the cataleptic state observed in the circumstances I have indicated and which brings to three the number of hypnotic states of Mme B.

This easy production of catalepsy encouraged me to look for, during the sleep of the same subject, the third phase indicated by M. Charcot, the phase of true *lethargy*, with neuro-muscular hyperexcitability. The production of this new state was, it must be admitted, much more laborious; perhaps we may later indicate the reason for this difficulty. During the first few days, none of the procedures produced lethargy; pressure on the eyeballs during the sleep state, which, as we have seen, was a somnambulistic one, only brought about general contractures and nothing more; closing the eyes during catalepsy caused the subject to fall into a bizarre state where everything seemed confused: the eyes were closed, the appearance was the same as during sleep; but the movements once begun continued indefinitely, as during catalepsy. I completely neglected, at first, the study of this new state, for it did not present any contractures proper to lethargy. Eventually, sleep probably became more docile from practice, and I succeeded one day in producing a complete *lethargy* by a slow and prolonged blowing on the eyes opened during catalepsy. The subject, indeed, let out a deep sigh, closed her eyes, and fell backward into a state of complete muscular resolution. This was indeed classical lethargy, for it presented nearly all the recognized characteristics:

(1) the contractures were not produced by superficial friction of the skin;

(2) on the contrary, the contractures occurred with the greatest precision when pressing on a muscle, a tendon, or a nerve;

(3) all these contractures were transferred to the opposite side by the action of a magnet;

(4) the contractures did not disappear with percussion of the antagonistic muscles;[8]

(5) no electivity manifested— the contractures could either be produced or destroyed by the impact of any physical object;

(6) no mental phenomenon could be recognized, everything seemed to have vanished and no suggestion was possible.

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[7] Paul Richer, *Hystéro-épilepsie*, p. 611.

[8] Let us note in this regard the following fact: when a contracture produced on the right arm is transferred by the action of the magnet to the left arm, it cannot be eliminated by acting on the arm where it currently is; to make it disappear, one must strike the antagonistic muscles of the right arm, even though it now appears completely free.

Let us note, however, that a particular sign reported by M. Richer as characteristic of lethargy was not present in this subject. I never observed during lethargy the contractions of the face produced by touching the muscles. Despite this difference, the above characteristics are numerous enough to allow us to add the state of lethargy to the list of those already possessed by Mme B.

III

Previous studies had connected the sleep observed in Mme B. to the already described hypnotic states, but they nonetheless left many obscurities. What, in particular, was the meaning of those two somnambulistic states observed from the beginning, which I had been forced to attach to the same phase and which, nevertheless, differed so greatly from one another? To what could one relate those complex, indistinct states that always occurred after catalepsy, when one simply closed the subject's eyes without putting her into lethargy by blowing on the eyes? One could not entirely disregard states so characteristic and so regularly produced. Let us first study these latter ones.

When catalepsy has lasted for some time, the subject appears tired and closes her eyes by herself (this is also, as we have seen, what happens at the end of lucid somnambulism); one can also, in the middle of catalepsy, lower her eyelids; the result is the same. A deep sigh is let out just as at the beginning of lethargy, the eyes remain closed, and the body inclines backward without collapsing entirely—that is, the legs can no longer support the body, but the subject can remain in that position seated, the torso upright; the movements that had begun during catalepsy do not stop but continue with more slowness and effort. If one studies more precisely the features of this new state, here is what one observes. First, several characters of catalepsy are preserved:

(1) the immobility of the body if not set in motion;
(2) insensibility;
(3) continuation of begun movements;
(4) harmony between facial expression and the nature of the movements; the face resumes all expressions, although the eyes remain closed.

One character of catalepsy even appears singularly increased. If one touches the face, one can, by pressing on the muscles, communicate to the facial features a permanent expression, and little by little, the arm aligns itself in harmony with that expression and executes the corresponding movement. If one brings the eyebrows together and presses them, one sees the fists clench, and the arm rise and strike. If one raises the corners of the mouth, as in a smile, the hands open on their own, move to the mouth, then spread as if to send kisses, while the body inclines in a bow. In a word, one can very easily reproduce, simply by touching the face, the beautiful experiments demonstrating the influence of physiognomy on gesture that M.M. Charcot and Paul Richer obtained by the localized faradization of facial muscles.[9] At first, I thought the phenomenon was due to a hyperexcitability of the facial muscles analogous to what M. Richer had observed

[9] Paul Richer, *Hystéro-épilepsie*, p. 669.

in true lethargy, and I believed I was seeing here a curious merging of a trait of lethargy with cataleptic mobility. In reality, it is not so, and the phenomenon must be simpler: it is not true excitability, determining a contracture of the facial muscles. Indeed:

(1) there is nothing similar, at least in this subject, in true lethargy, where we have seen precisely the absence of facial contractions;

(2) the facial muscles are not in contracture, they present no stiffness and can be easily displaced from their position to take a new one;

(3) this phenomenon is not produced by exciting a muscle at a specific point—exciting the zygomatic muscle in the middle of the cheek does not produce a smile; the muscles must not be excited, but the features changed by manually placing the parts of the face in a new position, as one might do when modeling a clay mask.

In a word, we see in the face what we saw in the limbs during catalepsy: the parts of the face maintain the positions manually given to them, just as the limbs maintain theirs. This is facial catalepsy. This phenomenon, moreover, existed to a minor degree in true catalepsy; it has now become much stronger. While certain characters of catalepsy are preserved or even increased, others have disappeared. *Suggestions by touch no longer exist.* A usual object, placed in the hands, is no longer recognized nor does it modify the body's attitude or movements. The voice has also disappeared as a signal; the eyes are closed, and the subject no longer repeats movements as in the mirror; nothing more is heard, as if there were no longer any phenomenon of auditory echo or suggestion through hearing. But now a phenomenon foreign to catalepsy has appeared: deep contractures from a blow to the tendons or muscles. These now exist in two different degrees occurring under different circumstances, sometimes very weak and reduced to a simple contraction that disappears when the excitation stops, sometimes very strong and entirely analogous to those seen in lethargy. Indeed, if the first features belong to catalepsy, the latter ones—namely, the suppression of echo and the contractures—belong to lethargy. There is thus, in this singular state, an evident mixture of catalepsy and lethargy. Since this state also appears as regularly and clearly as the others, I consider it a new intermediate hypnotic state between two others and name it, for lack of a better term, by one of these two phrases: *catalepsy with lethargic form* or *lethargic catalepsy*. I am aware of the inconvenience of these compound terms; but since both states are truly combined in the new state, I see no reason the two names should not also be joined in its name. Let us now attempt to summarize the characteristics of this phase, while no other name would remind us at all of the nature of these features.

The preceding analysis of lethargic catalepsy seems to me to shed much light on those two states of somnambulism that had always perplexed us. One of them, in which there was a very vivid excitation of the sensitivity of the senses and of intelligence—the one that magnetizers call lucid somnambulism—was obviously proper somnambulism. But did the other not contain features borrowed from two states? The contractures from superficial friction of the skin, dreams, hearing retention, the possibility of suggestions—these are properly somnambulistic features. But sleep, muscular relaxation, skin insensibility, and finally the

contractures from tendon taps, which I noted as now existing, though to a very weak degree, in the moments when sleep was deepest—these were, for their part, features of lethargy. In a word, the old sleep state observed in Mme B. could be designated by a compound term, as before, and called *lethargic somnambulism*.

As for the intermediate state between somnambulism and catalepsy, whose existence was easy to suspect, it had already been observed and described. It is that state of somnambulism that occurs when the subject's eyes are opened during lucid somnambulism, rather than opening them during lethargic somnambulism, which leads to catalepsy. This state has been analyzed by M. Botey and, in his interesting book on animal magnetism, is named *somnambulism with open eyes*.[10] While recognizing that this state is still a form of somnambulism, since one finds in it the contractures proper to this phase without any trace of lethargic contractures,[11] I must insist even more than M. Botey on the differences it presents. Mme B, in ordinary somnambulism, was lucid, and by this word I mean no mysterious faculty—I simply mean she had consciousness, intelligence, and a will almost as complete as in the waking state. She could easily carry on a conversation with anyone, understood everything, and retained a very clear memory of everything that happened during her somnambulism, as if it had occurred while awake. She had her will and even her whims: any suggestion had to be presented in a roundabout way, and it was often difficult during this state to get her to do something unless she herself wanted to. As for hallucinations, they were not accepted unless she had been previously persuaded, through a long chain of reasoning, that no one would laugh at her and that there really was something to be seen or heard. In short, she did not accept hallucinations during lucid somnambulism unless they had been previously suggested during lethargic somnambulism. But if one opens the eyes, all these moral characteristics are modified: intelligence has disappeared, the subject responds only faintly, always with the same few words, and even, as we shall see, barely at all with speech; the will is entirely absent, for any command is immediately obeyed; finally, all hallucinations occur with the greatest ease. These hallucinations of Mme B. are particularly interesting in this state: first, they are very complete and occur immediately for all the senses. If I tell her there is a lamb beside her, she sees it; but also, if I add nothing, she hears it bleat and names its cry, then she caresses it and feels its fleece in her hand. I have even seen hallucinations of muscular sense, where her arm made more or less effort to lift an imaginary object, depending on whether the object was supposed to be heavy or light.

Here are two even more curious hallucinations. This subject is very sensitive to the influence of gold: a gold coin, as I had noticed during the sleep state, provokes a general contracture if applied to the forehead; well, an imaginary coin produces exactly the same result. The thumbnail is hypersensitive; if one strikes it, the subject experiences slight convulsions and contractures: a tap on this nail with an imaginary bird produced the same phenomena. We must also connect to the hallucinations of this phase another fact that seems quite inexplicable, but

[10] D. Bottey, *Le Magnétisme animal, étude sur l'hypnotisme*, p. 64.
[11] The subject I observed differs in this respect from the subjects discussed by M. Bottey.

which is nevertheless perfectly real. The hallucination only occurs if the subject is touched on an uncovered part of the body by the person who suggested the hallucination. If I have ordered her to see flowers, Mme B. ceases to see them as soon as I no longer touch her hand or her face; others may touch her, hold her hand— the hallucination does not return; but now without warning her in any way, even behind her back, if I touch the person who is holding her hand, the hallucination reappears and Mme B. is delighted to see her bouquet of flowers again. One can even create a chain of two or three people,[12] and it is enough for me to approach or withdraw slightly from the last person in the chain to produce or suppress the hallucination. Let us note this phenomenon, which may perhaps later be connected with others of the same kind.

In this state of somnambulism with open eyes, movements once begun continue for a few moments, then stop on their own; the face does not take on the corresponding expression, or does so only slightly and for a brief time.

I am surprised that the authors who have described this state have not spoken—at least, I believe—noted the striking analogy it presents with true catalepsy. No doubt it differs from it: speech exists here with a clarity I did not observe in catalepsy; the subject's intelligence is greater, hearing is infinitely more perfect, hallucinations are more complex and more prompt, movements do not persist with as much regularity; but bodily automatism, if I may say so, is less complete, and automatism also seems quite strong on the mental level. Somnambulism with open eyes is a moral automaton; it is this state to which one can apply the term often used of "phase of slavery," which is so inappropriate when speaking of lucid somnambulism. The insensibility of the skin, the fixity of the gaze—in a word, the general attitude—clearly resemble true catalepsy, and I believe one must designate somnambulism with open eyes and catalepsy in the same way as the previous intermediate states, by the name *cataleptic somnambulism*.

Our initial research on the phases of hypnotism during the sleep of Mme B. thus leads us to recognize the existence of six periods or six states distinct from one another, each of which can last for a long time; these are, first, the three classical states of *catalepsy*, *lethargy*, and *somnambulism*, which here becomes *lucid somnambulism*, then three intermediate states: *lethargic catalepsy*, *lethargic somnambulism*, and *somnambulism with open eyes* or *cataleptic somnambulism*.

IV

New studies, undertaken in the same direction, came to verify the previous results, but, it must be said, while complicating them a bit. Let us first describe the method. To prove the existence of new states and to show that they were indeed intermediate between the former ones, I wanted to have the subject pass through the entire series of these states, in one direction or the other. To be precise, it was necessary always to use the same procedure and to modulate its application, so that the subject always advanced along the same path and not by

[12] If that number is exceeded, the phenomenon becomes very irregular.

jumps. After some trial and error, I used a breath directed at the eyes: this was a procedure easy to use in all phases and capable of being finely adjusted. Once the subject was in a determined state, I blew gently on the eyes and immediately noted all the resulting changes; then I repeated the same breath during the state that had just occurred, and so on indefinitely.

Mme B. is in true *catalepsy*, recognizable by the characteristics indicated above; I blow very gently on her eyes (very gently, for a slightly stronger breath would immediately cause her to fall into lethargy), she gives a deep sigh and closes her eyes. This sigh is characteristic; it corresponds, I believe, to what some authors call the laryngeal sound, and in Mme B., it precedes any change of state. She entered into that new phase which I have called *lethargic catalepsy*. A new gentle breath ought, I believed, to produce lethargy with complete muscular resolution; but, to my great astonishment, after the characteristic sigh, she remained motionless in the last position without falling backward; if one touched the limbs, they retained, with great precision, the last position in which they had been placed; *but no movement was continued*, the arms *remained completely motionless* in the last position; the face, moreover, no longer took on any expression. Thus, one of the most important features of catalepsy, suggestions by muscular sense, had almost entirely disappeared. At the same time, the contractures from tendon taps had become as clear and precise as in lethargy.

The subject had taken one step further toward lethargy without having fully reached it. Since this state occurred as frequently as the previous one, now that I knew how to recognize it, I was forced to distinguish it as a new intermediate phase. I first designated it by the name *immobile lethargic catalepsy*, but it now seems simpler to me to follow, for this new state, the same convention as for the previous one. Let us designate these intermediate states by the names of the classical states between which they are found, and let us give, first, the name of the nearest state, and second, the name of the more distant one. The first intermediate state will be *lethargic catalepsy*, and the second *cataleptic lethargy*. Moreover, complete *lethargy* now occurs after a new sigh when one blows once more on the eyes.

Let us again use the same procedure during this state of lethargy; the subject, after the same sigh, enters the state I have described under the name *lethargic somnambulism*; but the more delicate analysis we are now conducting also divides it into two parts. One, *somnambulistic lethargy*, presents the same muscular resolution, the same insensibility as previous lethargy, but differs in the absence of contractures produced by tendon taps and in the presence of contractures from superficial sources which are proper to somnambulism. In the other state, *lethargic somnambulism*, the physical traits remain the same; but several mental phenomena reappear, which were completely absent in the previous state. First and most evidently, the subject begins to dream aloud; he becomes sensitive and complains of pains inflicted upon him, or, if he seems not to feel them, he will remember them later in the next state. All kinds of suggestions can be made, thanks to the sense of hearing, but only by the magnetizer; the subject does not seem to hear other people. These suggestions are not carried out immediately, but they will be in the next state. Finally, let us add that it is during this state that the

peculiar suggestions can be made which always preceded every change, then she rubs her eyes—which, however, remain closed—and here she is in *lucid somnambulism*, with her intelligence and full personality. The suggestions made during the previous state can be realized in this one. Thus I had forbidden Mme B. to distinguish such and such a person, and she could not recognize them even during the lucid state; thus I was able to give the name *somnambulism with open eyes* or *cataleptic somnambulism*. But this phase also breaks down into two parts separated by a sigh. In the first, *cataleptic somnambulism*, despite the moral automatism I described, speech is preserved, and the subject can respond to questions and describe the hallucinations provoked so easily; in the second, *somnambulistic catalepsy*, which is also triggered by a gentle breath, the automatism is much more complete, the movements begun continue for several moments, and the mental operations we signaled to the Société de psychologie physiologique occur. This fact requires a special discussion that would completely distract from the description of the phases; let us note it only as one of the characteristics of *lethargic somnambulism*, for it occurs especially during this state.

A light breath during the last state completely changes the subject's attitude; she sighs as if to reproduce in herself, in a very complete way, those curious personality changes that were reported by M. Ch. Richet; but any new suggestion during the very state of *lucid somnambulism* is almost impossible.

A final breath on the eyes produces once more a sigh and brings the subject back to the initial catalepsy, and one can continue to provoke indefinitely all nine states, one after the other, without ever doing anything more to the subject than gently blowing on her eyes. Here, moreover, is a diagram in which I tried to represent the sequence of states obtained one day by this procedure: the horizontal lines indicate the different states; each vertical line corresponds to a breath blown on the subject's eyes (fig. 71); several points can be seen on the same horizontal line when several light breaths were needed to provoke the characteristic sigh and the change of state.

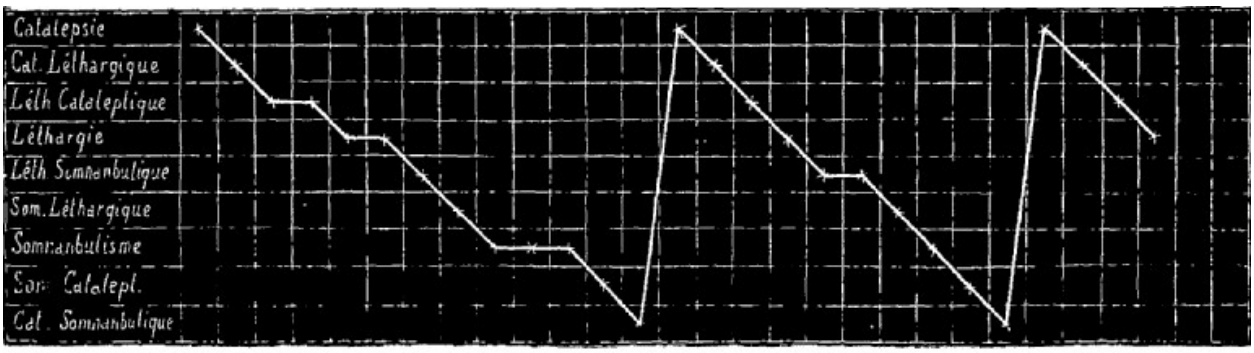

Fig. 71.

This succession of states having once been verified by the action of the light breath on the eyes, I tried to reproduce it by another means, and at each state I lightly pressed the subject's thumb. Without entering into the descriptions already given, here is, according to the same conventions, the new diagram I obtained: each vertical line corresponds to a light pressure on the thumb (fig. 72).

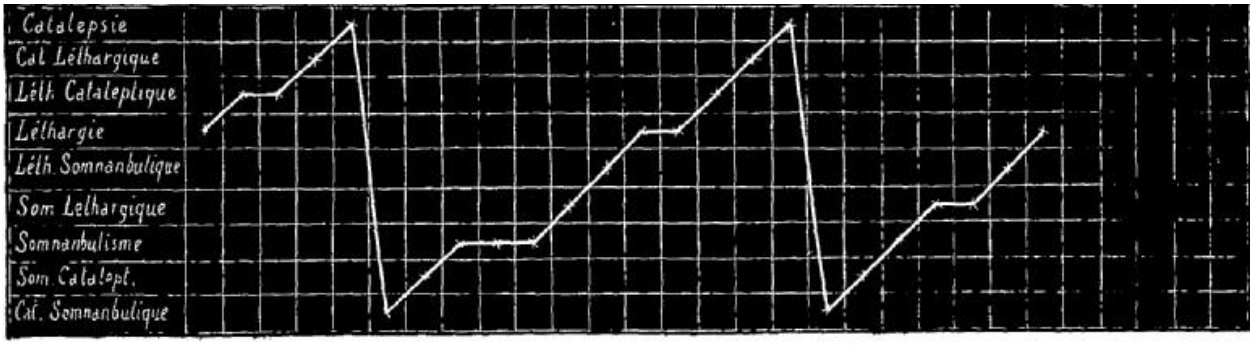

Fig. 72.

The curve, as one can see, is completely the reverse of the previous one; pressure on the thumb makes the subject pass through all the states in the direction from lethargy to catalepsy, while breath on the eyes makes her pass through all these states in the direction from catalepsy to lethargy. Other procedures had an action analogous to one or the other. Pressure on the crown of the head is analogous to the light breath, as is light pressure on the hand. Strong breath is analogous to pressure on the thumb. It seems to me—but many more experiments would be needed to verify this—that light action produces the first direction of progression and strong action the second. This might explain why, as the subject became increasingly sensitive, almost all the procedures altered the states in the second sense—they became too strong. The reason for this progression, in one direction or the other, is still quite obscure.

I am obliged to report, regarding the different actions that produce the series of phases, a new and even more extraordinary phenomenon, which has nevertheless been very clearly verified. I already knew, from earlier experiments, that this subject was sensitive to what is called *mental suggestion*. One can put her to sleep without touching her, by a simple command, and even more so, by an unspoken command—merely by thinking it in front of her or even far from her. We had already reported this fact in our communication to the Société de psychologie physiologique. “On October 9, I again visited M. Gibert and asked him to put Mme B. to sleep—not immediately, but at twenty minutes to noon. I then counted the time near her to prevent her from putting her hands in cold water, as she often tried. I was unable to observe her as I had intended, because she had been locked in her room for a quarter of an hour, and I thought it best to notify her by having her brought down. At noon sharp, I went upstairs with M. Gibert and a few other people who were with me. Mme B. was lying in her chair, in a very natural position and seemed perfectly asleep. The sleep was so deep, and the insensibility so complete, that she could absolutely not be awakened. Let us further note that neither I nor any of the persons present had any influence over her, and that we could in no way provoke a contracture.” Since then, in a new series of experiments, of which this is the first public account, after a fairly long training of the subject, I was able to reproduce at will this strange phenomenon myself. Eight days later, I tried to put Mme B. to sleep at home, taking every possible precaution so that no one was aware of my intention, and varying the time of the experiment each day; and every time, Mme B. fell into hypnotic sleep

a few minutes after the time I had begun to think about it. The verification of this fact naturally led to a new hypothesis. Since mental suggestion could put Mme B. to sleep when she was in the waking state, the same suggestion ought to make her pass from one phase of sleep to another. It was easy to verify this.

Mme B. was in *lethargic somnambulism*. While continuing to make only mental suggestions—without touching her, without blowing on her eyes, without producing any physical action upon her—I simply began to think: "I want you to sleep." After a few moments, she was in *somnambulistic lethargy*. I repeat the same mental command, she sighs, and here she is in *lethargy*, then in *cataleptic lethargy*, and each time I repeat this thought, she moves into a new state. She thus passes through all the phases and returns to her initial state. Here is the graph obtained on March 12 by this new procedure (fig. 73). One will note its perfect regularity.

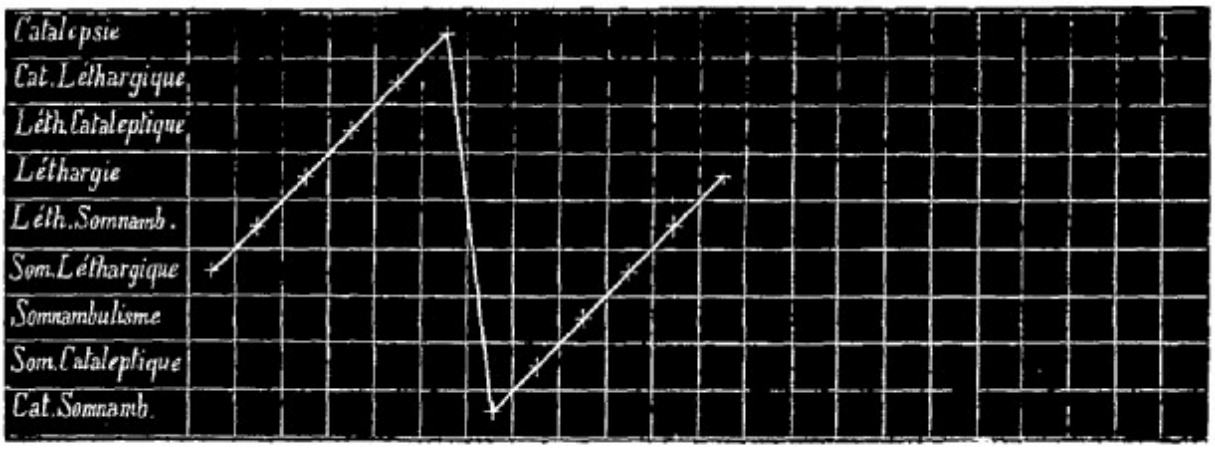

Fig. 73.

One thing to note is that this mental command always made the subject advance in the same direction. She was again in *lethargic somnambulism*, and I tried to bring her back to *lucid somnambulism*. Instead of thinking, "go back to sleep," I thought: "wake up." However, the result did not change; she entered into *somnambulistic lethargy*, then into true *lethargy*. A few days later, I obtained a more interesting result: the subject being in *lethargic somnambulism*, I was able, by the mental command of waking, to bring her to *lucid somnambulism*; then, after the two intermediate phases, to *catalepsy*. The movement, moreover, continued still in the same direction. The magnetizer's thought can thus, by an inexplicable influence—but one that is here immediately verifiable—make the subject pass through the different phases in one direction or the other.

The three graphs I have just shown are very regular, but it is rare and difficult to obtain such ones—especially by physical procedures. Most often, when the experiment is prolonged, the impression produced is too strong and forces the subject to skip, so to speak, several states. Here is an example of such irregular graphs, obtained moreover by the mixture of several procedures (fig. 74).

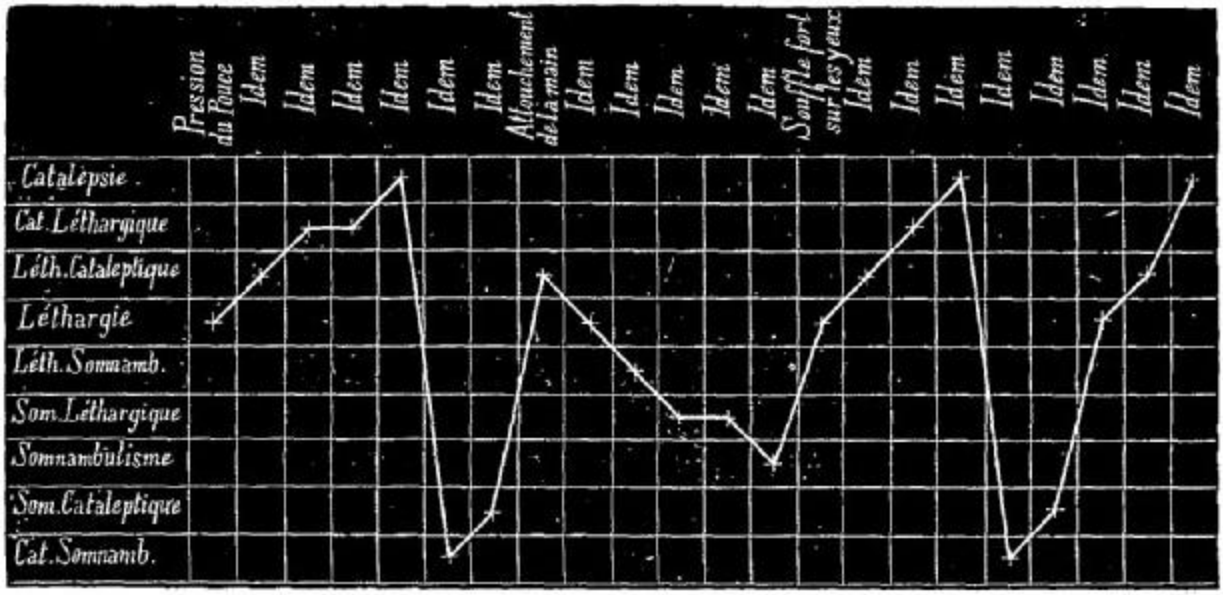

Fig. 74.

If one studies the most regular graphs (fig. 71, fig. 72, and fig. 73), which can always be obtained with some care, one sees that the states are linked to one another without any interruption, and that their succession forms a true circle. Here, then, is how one could represent the complete series of hypnotic states of Mme B. (fig. 75).

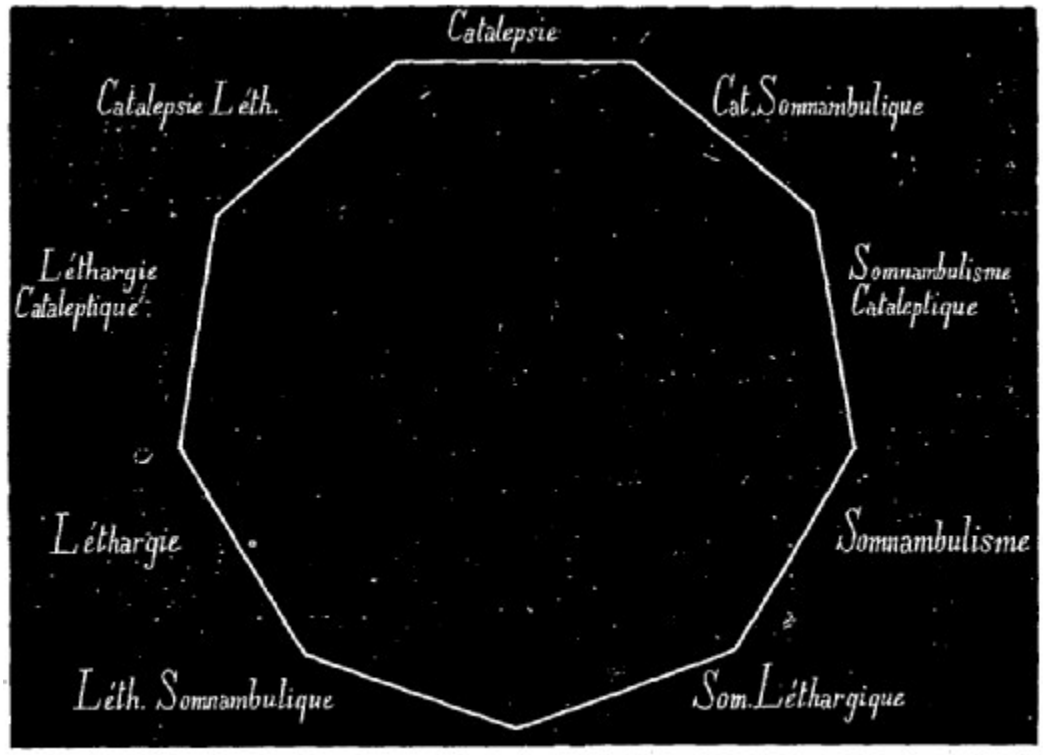

Fig. 75.

One last fact remains to be noted before concluding the account of these experiments. If the subject, once asleep, turns as if in a circle while passing through the series of states, it is evident, however, that she must break this circle at some point in order to enter and exit it—that is, when she falls asleep and when she awakens. I was able, without great difficulty, to determine exactly the point at which the subject enters the circle, that is, the state that manifests first. It is without doubt the state of catalepsy. One can, by putting the subject to sleep with care and then stopping quite early the method used to induce sleep, let the subject remain in a clear state of initial catalepsy. After this catalepsy, under the influence of the same method used to induce sleep, the subject passes through the lethargic phases. The point of awakening—that is, the last state in which the subject is found before full awakening—is much more difficult to determine. It is during lucid somnambulism that Mme B. asked to be awakened. One arrives there through very rapid phases that appear on the face. As far as I have been able to observe, the subject, before awakening, passes through the phases of cataleptic somnambulism and somnambulistic catalepsy; and even if she does reach true catalepsy, it is only for a very short time. Catalepsy disappears as soon as she awakens. But these phases are so quickly traversed during awakening that it is very difficult to identify them precisely.

One must not draw any general conclusion from a monograph, and the exact explanation of all these hypnotic phenomena does not yet seem possible to me; however, if one had to attempt an interpretation—or simply a summary—the preceding remarks might, I believe, lead us toward a hypothesis. Some grant very great importance to the phases of hypnotism and make of them states entirely distinct from one another; others see in them only insignificant phenomena artificially produced by the observer. The facts I have recounted, and especially the manner in which they were observed, agree with neither of these extreme views. They show us rather the unity of hypnotic sleep, since all these states are linked together in such a way as to form a whole, a continuous circle. They show us that the three primitive states are not of such great importance, since other states, just as clearly characterized and just as enduring, can be determined. Their number, I believe, is not fixed; I first observed six and then very certainly nine. The number of these phases remained the same for about fifteen sessions, but in recent sessions I have been forced to recognize the existence of a new and still rather distinct state, but obviously in the process of forming. It is quite possible that *lethargic catalepsy* and *true catalepsy*—where the eyes are half closed and half open, the gaze is fixed—represent three stages belonging to the lethargic and cataleptic families. These experiments have been too briefly interrupted for me to be able to confirm the development of this new state. No doubt, with greater training of the subject and greater skill on the part of the operator, other states could be determined. These phases, therefore, do not seem to have the importance and fixedness one is tempted to attribute to them. Nor do I admit that these phases are merely accidental phenomena; they occur too naturally, they are too enduring and too regular. When one sees, over a period of time, a large number of linked phenomena occurring in a certain way, then suddenly changing their course, and presenting themselves in another way, one must recognize that the whole set of

phenomena has undergone an evolution and that there have been successive phases. What are the phases of hypnotism, at least in Mme B.—the only subject from whom we can yet speak? The last experiment I reported perhaps indicates it: they are degrees of sleep through which the subject passes when falling asleep and waking, degrees at which it is possible to stop her when conditions are favorable. Each of these degrees is characterized by particular phenomena, just as occurs in ordinary sleep: light sleep does not resemble deep sleep, and the latter is not identical with the final stage of hypnagogic hallucinations.[13] Could one not also say that, at each different degree of hypnotism, different parts of the brain are excited or paralyzed?[14] When a person is put to sleep with chloroform, she passes—according to the amount of poison absorbed—through different phases of excitement or stupor; suppose one could at will add a new dose of chloroform to what is already in the system or withdraw an equivalent amount, one would alternately pass the person through this or that phase of that particular sleep. The comparison is crude, but it does seem that something of the same kind occurs when, by blowing on the eyes of a subject in lethargy, one brings her to all the states down to primitive catalepsy. If the subject does not awaken completely, it is because something more is needed—a voluntary effort or the agent used to bring her fully out of the hypnotic state. And if breath, after awakening, brings her back to sleep without her passing again through the phases of deep sleep, this may be an application of a law formerly proposed by M. Dumontpallier: "What acts, undoes." The agent that awakened would now serve to put back to sleep. Thus, all the phases of hypnotism—or even all the types of somnambulism that one has encountered and described and which seemingly do not fall under the classical description—would be only different degrees of this sleep, at which, for various reasons, all subjects do not stop; already, if I am not mistaken, many states formerly described as irregular could be connected with the phases I have observed. This conception, if it could be confirmed by other research, might perhaps reconcile the opposing doctrines that have long argued at the start of our century—those who wish to see in hypnotism distinct phases, and those who admit only different degrees of sleep. It is certain, moreover, that these reflections are far from explaining all the phenomena; they explain only the facts I have reported, but there is no harm in summarizing numerous observations by some provisional hypothesis. If it does not resolve the problem, at least it does not alter the truth of the previous observations.

Pierre Janet

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[13] Perhaps it might be possible to relate these hypnagogic hallucinations to those which so easily occur in cataleptic somnambulism, the state which is also the closest to awakening.

[14] The brain appears to be entirely paralyzed during lethargy, and the contractures of this period would be nothing more than exaggerated medullary reflexes; the different cerebral centers seem to awaken little by little during the following phases: those of muscular sense, of touch, sight, hearing; then, during somnambulism, the regions that govern intelligence and will.